

Meeting of Lanarkshire NHS Board
Lanarkshire

28th September 2011

NHS Board Kirklands
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SUBJECT: HAI EXCEPTION UPDATE

Aim

The purpose of this paper is to update Board members of the current status of Healthcare Associated Infections (HAIs) and any exceptions that need to be highlighted out with the bi monthly board report.

Background

There is a national mandatory requirement for a Healthcare Associated Infection Control report to be presented to the Board on a bi monthly basis utilising the nationally agreed template. It has been agreed in NHSL that an exception report will be submitted alternately. The next full report will be submitted to the Board on the 26th October 2011

1. Board Wide Issues

Key Healthcare Associated Infection Headlines for September 2011

- The Joint ECDC Europe wide Point Prevalence Survey of HAI and Antimicrobial Prescribing was undertaken at Monklands Hospital from 5th September - 8th September 2011 inclusive. A debriefing meeting was held on 8th September to determine what went well, to highlight common themes identified and to ascertain areas for improvement in advance of the survey being carried out at other sites. Hairmyres was completed on the 14th September and Wishaw commenced on the 16th September. All areas to be surveyed in NHSL will be complete on 23rd September. A report on the findings will be produced by Health Protection Scotland and is expected by January 2012.
- The Health Protection Scotland (HPS) '*Norovirus Outbreak Preparedness, Control Measures & Considerations for Optimal Patient Safety and Service Continuation in Hospitals*', have been adapted to include a bay-closure option if, an Infection Prevention and Control Team (IPCT) risk assessment considers it safe. Previous national and international guidance has advocated full ward closure as a means of preventing spread. However recent evidence and changes in the many ward designs mean that a bay closure approach may sometimes prevent full ward closure and subsequently have less impact on the ability to provide healthcare services. The revised guidance and amendment is currently out for consultation to IPCT's until the 23rd September. As the Norovirus Control Measures were previously well evaluated, this consultation focuses on the new change only.
- The Primary Care Infection Control Team undertook an audit of catheter associated urinary tract infections in November 2010. The purpose of the audit was to ascertain the incidence of infection in community settings across Lanarkshire, by collecting and analysing data on Catheter Associated Urinary Tract Infection's (CAUTI's). This work will be presented in the form of a poster presentation at the NHS Lanarkshire Clinical Research and Audit Conference on Thursday the 6th of October 2011, at Kirklands Medical Education Training Centre.

2. Healthcare Environment Inspection (HEI)

The HEI conducted an announced inspection on 4th August 2011 at Hairmyres Hospital, which had been subject to an unannounced inspection in April 2011. The unannounced inspection resulted in eight requirements and one recommendation, and the recent announced inspection identified one requirement and one recommendation.

The overall key findings from the inspection on the 4th August 2011 were as follows;

- the standard of cleaning at Hairmyres Hospital is good
- ward staff have a better awareness of environmental infection control audits taking place
- all parts of the infection control manual are up to date
- patients with known infections are being risk assessed and cared for appropriately in dedicated isolation facilities
- there was good compliance by staff in adhering to expected infection control precautions and the national dress code policy
- antimicrobial prescribing information has been updated and visible in all wards, and
- a new fault report and monitoring system has been introduced.

However there was a requirement to ensure the Health Facilities Scotland (HFS) national colour coding scheme for hospital cleaning materials and equipment is consistently implemented and used by all cleaning staff, and a recommendation to review the process for maximum and minimum fridge temperature recording. A corrective action plan to reflect improvement has been submitted. The report was published on 12th September 2011 and can be accessed via www.healthcareimprovementscotland.org

There have been no further unannounced inspections to date within NHS Lanarkshire and the HEI steering group continues to drive improvement through local hygiene groups

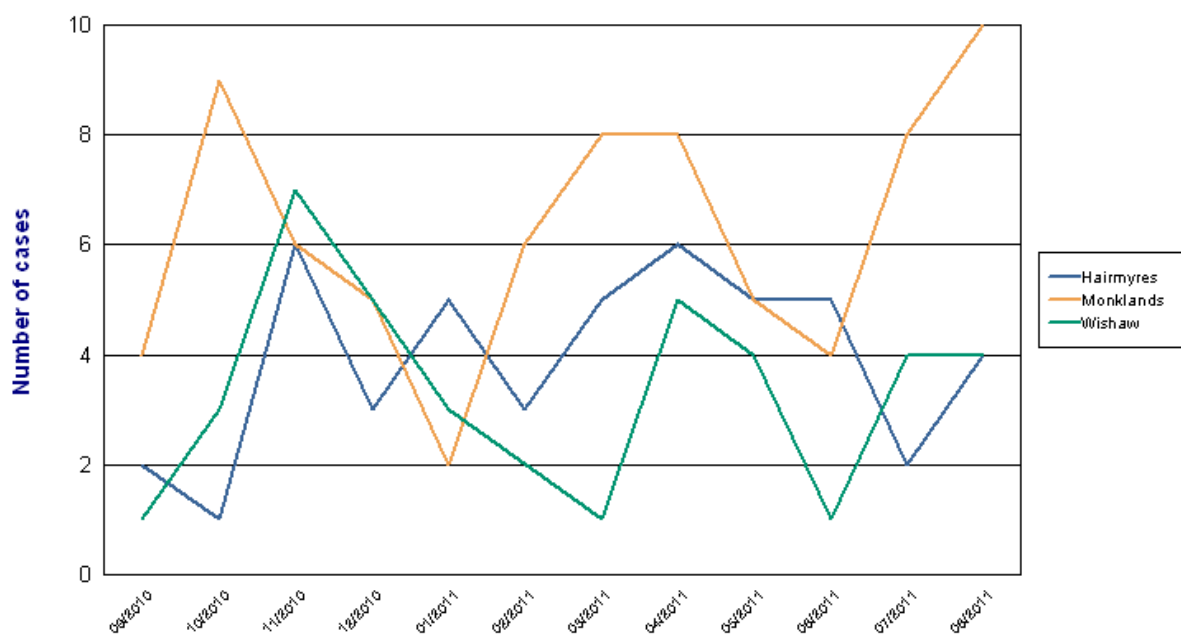
3. *Staphylococcus aureus* (including MRSA):

The target for 2011-2013 is for all Boards to reduce their rate of *Staphylococcus aureus* bacteraemias down to 0.26 or less cases per 1000 acute occupied bed days by year ending March 2013. Should Boards achieve a rolling year rate lower than 0.26 before year ending March 2013 they should aim to maintain that lower rate. However, Boards will be held to account against the 0.26 rate. The rate of 0.26 cases or less per 1000 acute occupied bed days was the "best in class" rate achieved by a single board in year ending March 2010; and is a rate that is considered to be achievable by all Boards.

As this is a rate based on data regarding acute occupied bed days being received from ISD, there will be a delay before an accurate comparison of performance can be made. However, if activity remains at a stable level, then an average of 10 SABs per month in NHS Lanarkshire will be an approximate target. In August there were 18 SABs, compared to 14 for the month before.

**Table 1: *Staphylococcus aureus* bacteraemia cases by month and acute hospital (MRSA & MSSA),
Date range: 01/09/2010 – 31/08/2011**

Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)

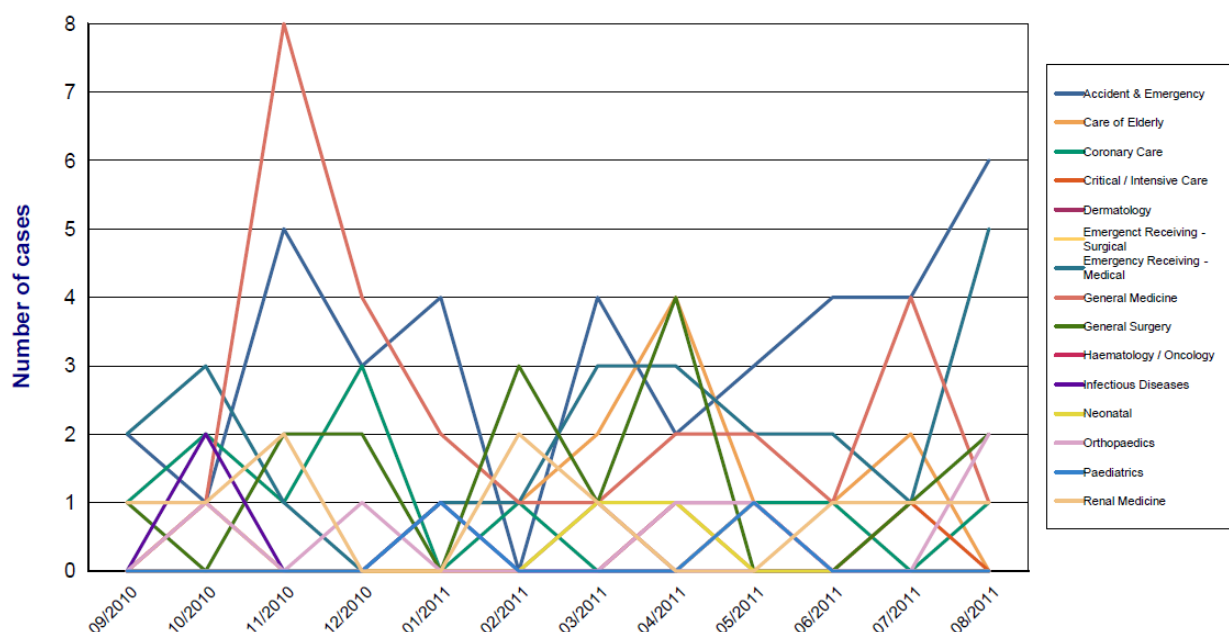


	Hairmyres	Monklands	Wishaw	Totals
09/2010	2	4	1	7
10/2010	1	9	3	13
11/2010	6	6	7	19
12/2010	3	5	5	13
01/2011	5	2	3	10
02/2011	3	6	0	9
03/2011	5	8	1	14
04/2011	6	8	5	19
05/2011	5	5	4	14
06/2011	5	4	1	10
07/2011	2	8	4	14
08/2011	4	10	4	18
Totals	47	75	38	160

Table 1: Highlights the number of *Staphylococcus aureus* bacteraemias (SABs) per acute hospital. There was an increase in the incidence of SAB's at Monklands and Hairmyres for August, with Monklands reporting the largest identified number of cases since last year. Wishaw has remained static for this reporting period. The ICT continue to conduct enhanced surveillance of all identified SABs, and of the 10 cases identified at Monklands, enhanced surveillance has shown that 3 were community acquired, 2 were hospital acquired and 5 were healthcare related. Issues that have been linked to practice and poor documentation have been fed back to senior nursing staff.

Table 2: *Staphylococcus aureus* bacteraemias (SABs) per acute specialties
Date range: 01/09/2010 – 31/08/2011

Staph. aureus Bacteraemia cases by Month and Acute Specialty (MRSA & MSSA)



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Dermatology	Emergency Receiving - Surgical	Emergency Receiving - Medical	General Medicine	General Surgery	Haematology / Oncology	Infectious Diseases	Neonatal	Orthopaedics	Paediatrics	Renal Medicine	Totals
09/2010	2	0	1	0	0	0	2	0	1	0	0	0	0	0	1	7
10/2010	1	0	2	1	0	1	3	1	0	0	2	0	1	0	1	13
11/2010	5	0	1	0	0	0	1	8	2	0	0	0	0	0	2	19
12/2010	3	0	3	0	0	0	0	4	2	0	0	0	1	0	0	13
01/2011	4	1	0	0	0	0	1	2	0	0	1	0	0	1	0	10
02/2011	0	1	1	0	0	0	1	1	3	0	0	0	0	0	2	9
03/2011	4	2	0	0	1	0	3	1	1	0	0	1	0	0	1	14
04/2011	2	4	0	1	0	0	3	2	4	1	0	1	1	0	0	19
05/2011	3	1	1	0	1	1	2	2	0	1	0	0	1	1	0	14
06/2011	4	1	1	0	0	0	2	1	0	0	0	0	0	0	1	10
07/2011	4	2	0	1	0	0	1	4	1	0	0	0	0	0	1	14
08/2011	6	0	1	0	0	0	5	1	2	0	0	0	2	0	1	18
Totals	38	12	11	3	2	2	24	27	16	2	3	2	6	2	10	160

Table 2: Highlights the number of *Staphylococcus aureus* bacteraemias per acute specialty reported since September 2010. The highest numbers are in Accident and Emergency (38), General Medicine (27) and Emergency Receiving (24). These figures are in keeping with national findings and reflect where the specimens were obtained, and not necessarily where the SABs were acquired.

4. *Clostridium difficile* infection (CDI):

NHS Lanarkshire remains on trajectory to meet our HEAT target. The target for 2011-2013 is for all Boards to reduce from their current rate of *Clostridium difficile* infections down to 0.39 or less cases per 1000 total occupied bed days in patients aged 65 and over by year ending March 2013. Should Boards achieve a rate lower than 0.39 ahead of the March 2013 then they should aim to

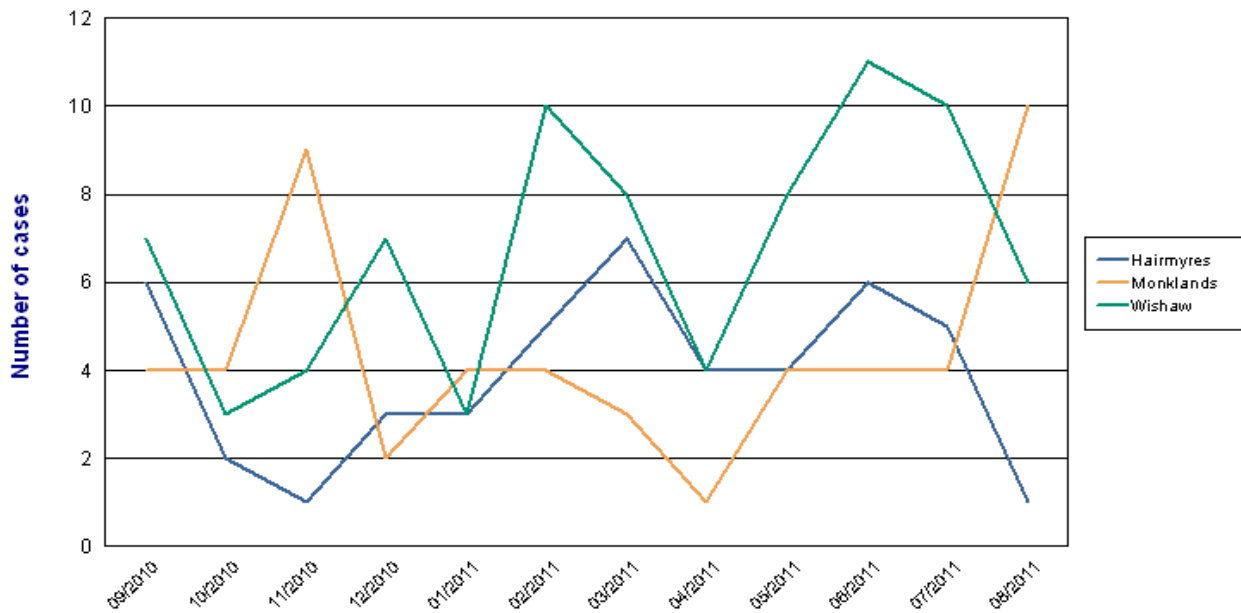
at least maintain that lower rate; however formal achievement of the target will still be measured against the 0.39 rate.

Our exact figures for the most recent quarter (reported by HPS) January 2011 – March 2011 are 38 episodes (>65 years old) giving a rate of 0.29 cases > 65 years old / 1000 OCBs for the quarter up to March 2011.

The annual figure reported on the ISD Directory Information System website is up to March 2011 (0.4 cases > 65 years old / 1000 OCBs). This compares with an original HEAT target of 1.00 case > 65 years old / 1000 OCBs in the 12 months up to March 2011

Table 3: *Clostridium difficile* by month and acute hospital
Date range: 01/09/2010 – 31/08/2011

C. Difficile cases by Month and Acute Hospital

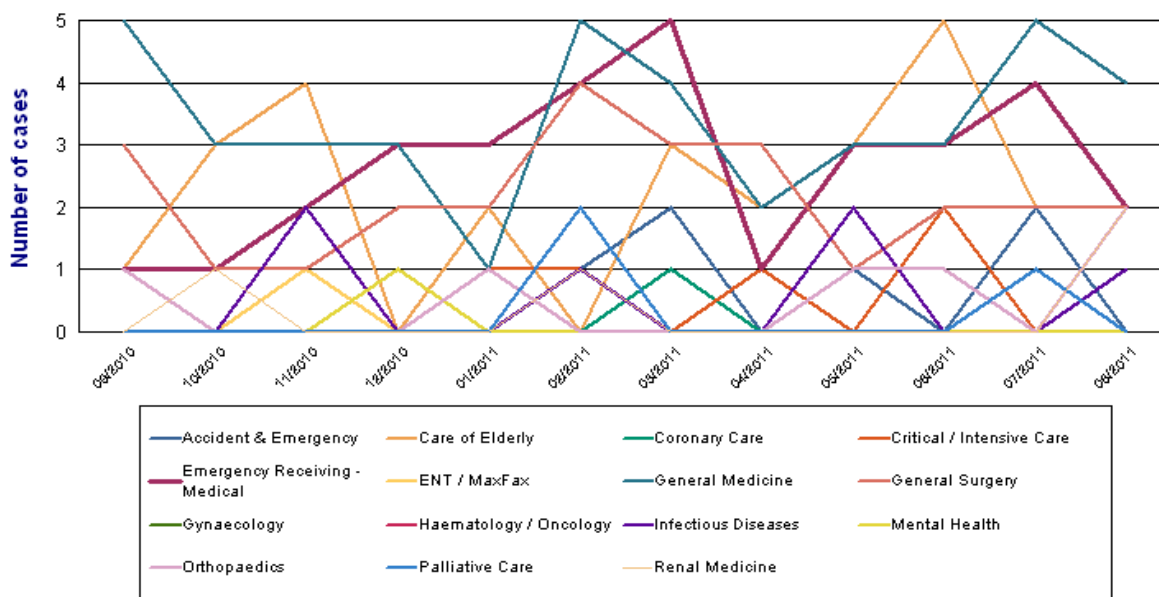


	Hairmyres	Monklands	Wishaw	Totals
09/2010	6	4	7	17
10/2010	2	4	3	9
11/2010	1	9	4	14
12/2010	3	2	7	12
01/2011	3	4	3	10
02/2011	5	4	10	19
03/2011	7	3	8	18
04/2011	4	1	4	9
05/2011	4	4	8	16
06/2011	6	4	11	21
07/2011	5	4	10	19
08/2011	1	10	6	17
Totals	47	53	81	181

Table 3: above shows *Clostridium difficile* by month and acute hospital. All sites in particular Monklands have seen an increase in cases for this reporting period. The ICT in conjunction with the antimicrobial pharmacist continue to undertake enhanced surveillance and review all cases and have not identified any linked cases or clusters associated with the increase at Monklands.

Table 4: Clostridium difficile infection rates per acute specialities
Date range: 01/06/2010 – 30/06/2011

C. Difficile cases by Month and Acute Specialty



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving -	ENT / MaxFax	General Medicine	General Surgery	Gynaecology	Haematology / Oncology	Infectious Diseases	Mental Health	Orthopaedics	Palliative Care	Renal Medicine	Totals
09/2010	1	1	0	1	1	0	5	3	0	0	1	0	1	0	0	14
10/2010	0	3	0	0	1	0	3	1	0	0	0	0	0	0	0	9
11/2010	0	4	0	0	2	1	3	1	0	0	2	0	0	0	0	13
12/2010	1	0	0	0	3	0	3	2	0	1	0	1	0	0	0	11
01/2011	0	2	0	1	3	0	1	2	0	0	0	0	1	0	0	10
02/2011	1	0	0	1	4	0	5	4	0	0	1	0	0	2	1	19
03/2011	2	3	1	0	5	0	4	3	0	0	0	0	0	0	0	18
04/2011	0	2	0	1	1	0	2	3	0	0	0	0	0	0	0	9
05/2011	1	3	1	0	3	0	3	1	0	0	2	0	1	0	0	15
06/2011	0	5	2	2	3	0	3	2	0	0	0	0	1	0	0	18
07/2011	2	2	0	0	4	0	5	2	1	0	0	0	0	1	0	17
08/2011	0	2	0	0	2	0	4	2	0	2	1	0	2	0	2	17
Totals	8	27	4	6	32	1	41	26	1	3	7	1	6	3	4	170

Table 4: above shows *Clostridium difficile* infection rates per acute specialities and continues to demonstrate that the population most at risk of acquiring CDIs are within the General Medical wards. Emergency Receiving, Accident and Emergency and General Medicine have all shown a decrease since the last report in July 2011. Renal Medicine are reporting an increase and the first cases reported since March 2010.

The figures should be interpreted with caution as they report where the episode was identified and not necessarily where the likely cause originated.

Table 5: Clostridium difficile Infection Rates - Community Hospitals:

Date range:
01/09/01031/08/2011

C. Difficile cases by Month and Community Hospital

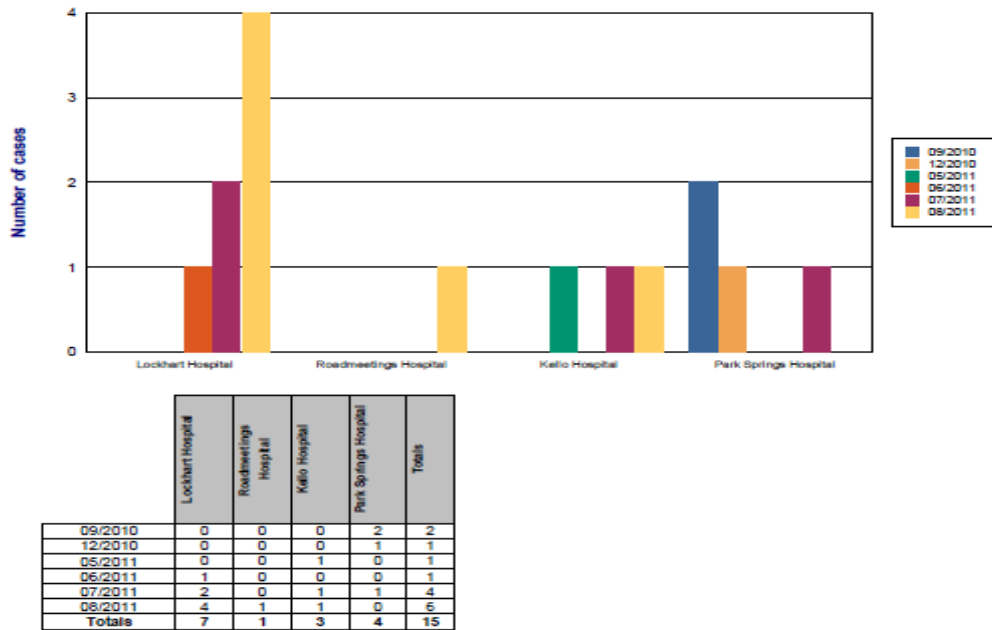


Table 5: above shows the Clostridium *difficile* reported in the community setting since September 2010, there were 15 cases in total reported in the Community from September 2010 until August 2011. Road meetings and Kello both reported one case of CDI in August 2011, whilst Lockhart reported 7 cases in total between June 2011 and August 2011 (see summary under outbreak / Incidents at section 8)

Table 6: Norovirus:

Date: 19/09/2011

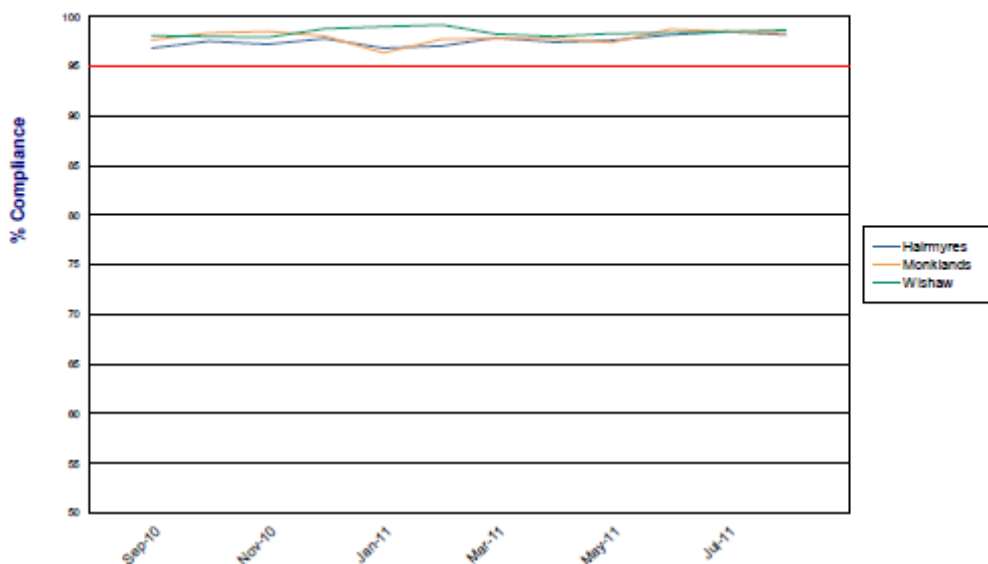
Date 19/09/11	NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
	NHS Ayrshire & Arran	0	0	0	0
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	0	0	0	0
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	0	0	0	0
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	0	0	0	0
	NHS Highland	0	0	0	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	2	2	9	1
	NHS Tayside	0	0	0	0
	NHS Orkney	0	0	0	0
	NHS Shetland	0	0	0	0
	NHS Western Isles	0	0	0	0
	NHS State Hospital Carstairs	0	0	0	0
	Total	2	2	9	1

Table 6: shows the HPS weekly point prevalence survey for the week beginning the 19th September 2011 which shows that there is currently 1 Board reporting Norovirus activity, with 2 hospitals with 2 wards affected. NHS Lanarkshire has reported no wards or hospitals affected for this reporting period.

Table 7: Hand Hygiene Compliance Acute Hospital

Date range: 01/09/2010 – 31/08/2011

% Compliance with Hand Hygiene by Acute Hospital Site and Month



Note: where 0% compliance is displayed in the table, this indicates that no data exists for this time period.

	Hairmyres			Monklands			Wishaw		
	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance
09/2010	2137	2069	97	2292	2238	98	2624	2573	98
10/2010	2229	2173	97	2260	2222	98	2684	2630	98
11/2010	2641	2567	97	2520	2482	98	2773	2714	98
12/2010	2385	2331	98	2405	2357	98	2844	2809	99
01/2011	2379	2303	97	2620	2524	96	2867	2837	99
02/2011	2375	2304	97	2370	2316	98	2677	2654	99
03/2011	2500	2446	98	2680	2620	98	2839	2789	98
04/2011	2270	2211	97	2473	2417	98	2740	2684	98
05/2011	2656	2592	98	2717	2645	97	3053	3000	98
06/2011	2298	2255	98	2799	2763	99	2856	2808	98
07/2011	2400	2363	98	2508	2470	98	2772	2729	98
08/2011	2347	2303	98	2817	2770	98	2942	2901	99

Table 7: above shows Wishaw with 99%, Monklands and Hairmyres both with 98% hand hygiene compliance which showed an increase in Wishaw this month, whilst the other 2 remained static.

5. Hand Hygiene

National Hand Hygiene audits undertaken between 25th July – 5th August 2011 shows 95% compliance for Opportunity only (target is 90%) over 15 areas in NHSL.14 of the areas were compliant.

It should be noted that Health Protection Scotland (HPS) have a target of >95% Compliance (combined Opportunity **and** Technique) by December 2011. At 88% our combined score for the period would fall below the 95% target.

All reports have been disseminated to relevant personnel and Action Plans from non-complaint areas are to be returned to the Senior Nurses.

Actions resulting

- Monthly education sessions continue.
- To encourage staff in compliant areas, A4 sizes laminated posters, signed by the Chief Executive, are displayed, in their areas for the ensuing 2 month period. Mrs James, Divisional Nurse Director (Acute) has sent personal letters of encouragement to the areas.
- Work has commenced on an on-line self-directed study module via LearnPro

6. Cleaning and the Healthcare Environment

- The HFS System Design and Implementation Group (Inc Control of Infection Consultant) have introduced a new scoring system for the Domestic Monitoring Tool. The previous system recorded scores for individual rooms, however from April 2011; individual tasks are being scored against a 5 x 5 matrix.
- Domestic NMF scores for NHSL premises during July 2011 produced an average score of 95.3%, this being an increase of 0.2% on the previous quarter. Within the three acute sites, 139 audits were undertaken 11 audits recorded a score below 90%. Within CHP sites, 58 audits were undertaken, 5 audits scored below 90%. All cleaning issues identified were rectified within 48 hours.
- Estates NMF scores for NHSL premises during July 2011 produced an average score of 95.3%, an increase of 0.8% on the previous quarter. Within the three acute sites, 139 audits were undertaken, 5 audits recorded a score below 90%. Within the CHP sites, 58 audits were undertaken, 5 audits scored below 90%. All issues identified are reviewed and prioritised for action.
- Estates and Domestic Monitoring results, April– June, will be published on the 15th September at www.hfs.scot.nhs.uk .
- Difficult to clean areas e.g. behind radiators, light pendants in Neonatal, theatres etc, have been identified across the three acute sites. In consultation with Control of Infection, taking account of the level of clinical risk, it is planned to review the cleaning frequency required for these areas and develop appropriate procedures.
- The Monitoring Framework for NHS Scotland National Cleaning Services Specification requires Public Peer Review (PPR) involvement once per year. NHSL have recruited 4 additional Public Peer Reviewers & are endeavouring to undertake Public Peer Reviews in the three acute sites on a monthly basis.
- Problems continue to be experienced in relation to laundry bags not being labelled by wards/departments prior to uplift and dispatch to the laundry. NHS Lanarkshire's Control of Infection Manual, Section D Management of Linen, clearly identifies it is staff responsibility to ensure traceability of improperly segregated and bagged linen, failure to do this is in breach of the policy. This requirement has been re-enforced through the appropriate clinical forums, including the LICC. Consideration is being given to suspension of laundry uplifts where laundry bags have not been labelled correctly; this will impact significantly on the ability to deliver clinical services. The ICT have conducted baseline audits of practice and the results will be fed back to the senior nurses.

Table 8: below provides a summary of compliance with laundry labelling policy guidelines, from June 2011-July 2011

PSSD - West of Scotland Laundry: Linen Labelling/Bagging Audit									
Audit Completed over 4 week Period (June - July 2011)									
Area	Cages	White Hamper - Not Tagged	Red Hamper - Not Tagged	Both - Incorrectly Tagged	White Hamper Tagged (OK)	Red Hamper - Tagged (OK)	Total	Infected Linen in White Hampers	Soiled Linen in Red Hampers
Wishaw	100	620	144	13	171	33	981	11	77
Monklands	69	428	20	56	151	18	673	5	87
S/Clyde	3	41	0	0	0	0	41	0	7
Cleland	1	15	1	0	0	0	16	0	0
RMH	2	2	2	2	0	8	14	5	0
Udston	2	9	3	0	6	0	18	0	2
S/House	2	12	1	1	2	4	20	0	0
Coathill	2	9	0	0	13	0	22	0	2
W/Moffat	1	0	0	0	10	0	10	0	0
Kello	1	4	1	6	0	0	11	0	0
NHSL	183	1140	172	78	353	63	1806	21	175
%		63%	10%	4%	20%	3%	100%	1%	10%
Ayr	20	111	22	34	23	3	193	3	32
Arrol Park	1	11	0	0	0	0	11	0	1
K/Landside	2	15	2	0	1	0	18	3	2
A. C. H.	5	45	11	1	0	0	57	0	5
X/House	33	178	30	40	47	3	298	3	31
Ailsa	3	17	3	5	1	0	26	1	4
Biggart	4	12	1	11	5	0	29	4	5
East Ayr	4	12	3	3	17	8	43	0	1
Ayrshire & Arran	72	401	72	94	94	14	675	14	81
%		59%	11%	14%	14%	2%	100%	2%	12%
D&G	46	171	23	74	149	16	433	0	49
%		39%	5%	17%	34%	4%	100%	0%	11%
State Hospital	3	31	0	0	0	0	31	0	2
%		100%	0%	0%	0%	0%	100%	0%	6%

Non Compliant Summary

Area	% Non Compliant (Labelling)	% Non Compliant (Bagging)
Lanarkshire	77%	11%
Ayrshire & Arran	84%	14%
Dumfries & Galloway	62%	11%
State Hospital	100%	6%

7. MRSA Screening

The MRSA clinical risk assessment (CRA) Protocol continues to be rolled out on all 3 sites. Vascular Surgeons have raised concerns around the two site swabbing of anatomical areas of perineum and nose as outlined in the protocol. The MRSA Project Manager has received an email from the clinical lead for vascular surgery outlining intentions to look beyond minimal screening and include a groin swab. An update on the progress of this has been requested for October. The MRSA steering group in conjunction with the project team continue to drive the implementation of the CRA.

8. Outbreaks/Incidents:

As a result of robust surveillance systems, staff identified an increased incidence of *Clostridium difficile* infection (CDI) at Lockhart Hospital. Seven patients within Lockhart Hospital tested positive for CDI between the 8th June- 18th August 2011, and as a precaution the ward Closed to all admissions on Friday 19th August 2011

All previously positive CDI patients who were asymptomatic were cohorted in a six bedded room and two single side rooms in Ward Two were used to isolate those who were symptomatic. Terminal cleans were undertaken of the six bedded bay in ward one prior to transferring asymptomatic, negative patients out of ward two. In addition hand hygiene was further encouraged for all patients and reinforced with staff, all patients were monitored by the clinical staff and Infection Control Nurses on a daily basis and the HPS trigger tool was completed and discussed with Senior Charge Nurse and ward staff.

Problem assessment meetings were convened on the 18th and 22nd August and the 1st and 8th September and chaired by the Associate Medical Director for the South CHP. The HAI Nurse

Consultant from Health Protection Scotland (HPS) was in attendance and was content that all possible controls were in place.

Three patients from the original cohort remain within the hospital, and none of these patients clinically have active disease. Lockhart hospital has resumed to normal functioning in terms of admissions. Despite this, an enhanced level of CDI activity will continue. This is primarily the use of actichlor plus for cleaning and a high level of information sharing and discharge planning for patients

9. Other Surveillance Issues:

NHS Lanarkshire is participating in the light protocol for SSI surveillance of mandatory categories for hip arthroplasty and caesarean section procedures which commenced 1st July 2011 in place of the usual mandatory surveillance methodology for the two quarters July to December 2011.

The light SSI protocol will gather denominator data for each operation category plus detailed patient level data on each SSI as per the current methodology i.e. SSI forms will only be completed for SSI's diagnosed and not for all patients undergoing hip arthroplasty or c section procedures.

The protocol is intended to allow the calculation of the main indicators for SSI surveillance as in the current methodology and to reduce the resources required by hospitals in terms of data collection and collation.

Recommendation

The Board is asked to note this report.

For further information or clarification of any issues in this paper please contact: Dr Alison Graham, Medical Director, NHS Lanarkshire Board Headquarters, Kirklands Fallside Road, Bothwell, G71 8BB, 01698 858192